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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/594,283			ing Date 26/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
Ø	BASIC FEE (37 CFR 1 16(a), (b),	or (c))	N/A		N/A		ı	N/A	150	1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A			N/A]	N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•			X \$ =		1	X \$ =		
	APPLICATION SIZE (97 CFR 1.16(s))	FEE shee is \$2 addit 35 U	If the specification and draw sheets of paper, the applica is \$250 (\$125 for small entity additional 50 sheets or fracti 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	150	J	TOTAL	L	
									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	07/05/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 17	Minus	* 25		= 0	П	X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 4	Minus	4		= 0	П	X \$110 =	0	OR	X S =		
	Application Size Fee (37 CFR 1.16(s))												
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 GFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	:		-	П	X \$ =		OR	x s =		
Š	Independent (37 CFR 1 16(h))		Minus	***		-	ı	X \$ =		OR	X 8 =		
Ĭ	Application Size Fee (37 CFR 1.16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
	the entry in column			nstrument Ex									
***	" If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". "FELICIA ALLEN-VENININS/ "FELICIA ALLEN-VENININS/ The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1.												

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 39 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including properties and expension of the confidential to the 12 minutes to complete. Including patienting, preparing and submitting the completed application for more the USPTO. Time will way depending on the individual case. Any comments or amount of time you require to complete this form and/or suggestions for reducing this facility. Such as the complete this form and/or suggestions for reducing this facility. Such as the complete this form and/or suggestions for reducing this facility. Such as the complete this form and/or suggestions for reducing this facility. Such as the complete this form and/or suggestions for reducing this facility. Such as the complete this form and or suggestions for reducing this facility. Such as the complete this facility. Such as the complete this form and or suggestions for reducing this facility. Such as the complete this form and or suggestions for reducing this facility. Such as the complete this facility. Such as the complete this facility. Such as the complete this facility of the complete this facility. Such as the complete this facility. Such as the complete this facility of the complete this facility. Such as the complete this facility of the complete this facility of the complete this facility. Such as the complete this facility of the complete this facility of the complete this facility. Such as the complete this facility of the complete this facility of the complete this facility. Such as the complete this facility of the complete this facility of the complete this facility. Such as the complete this facility of the complete this facility of the complete this facility. Such as the complete this facility of the complete this facility of the complete this fac ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.